

### Certificate of Death

Nancy, Brown.

Died at *Town Passapatanz* County *Stentz* MARYLAND

Date <u>1902</u>	Month <u>Feb</u>	Day <u>6</u>	Age <u>2</u> Y <u>6</u> M. <u>75</u> D.	Native of <u>Ind</u>	Occupation <u>Servant</u>
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Male

White

~~Married~~

Widow

### Divorced

Female

Colored

Single

11/19/2015

Number of children living

2

Husband of  
Wife

Father's  
Name

Mother's  
Name

Cause of	Primary
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Primary *Inflammatory Rheumatism*  
Immediate

How long sick 3 weeks

Death	Immediate
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### Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7989



Name  
In  
Full

Murdford J. Butler

## CERTIFICATE OF DEATH

Died at Still Pond

Town

Kent

County

MARYLAND

Date

of death 1902

Month

Oct

Day

1

Years

Age 11

Months

4

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Md

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

Murdford Butler

Father's  
Birthplace

Md

Mother's  
Maiden Name

Cara Jones

Mother's  
Birthplace

Md

Name of person giving  
In formation

Murdford Butler

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Typhoid fever

How long

4 weeks

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Wm. S. Maxwell  
Still Pond  
Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mr Zvon

Emma Carter

Died at

Town

Galena

County

Kent

MARYLAND

Date 1902

Month

10

Day

27

Age

Y.

M.

D.

16

Native of

Ind

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Name

Esau Carter

Mother's

Maiden Name

Gertrude Scott

Cause of

Primary

Born to soon

Death

Immediate

and was not healthy.

How long sick

151

16 days

Accident, Suicide, Homicide

Reported by

Annie Corsey mid wife.

Address

Galena / Kentles Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Not named

CERTIFICATE OF DEATH

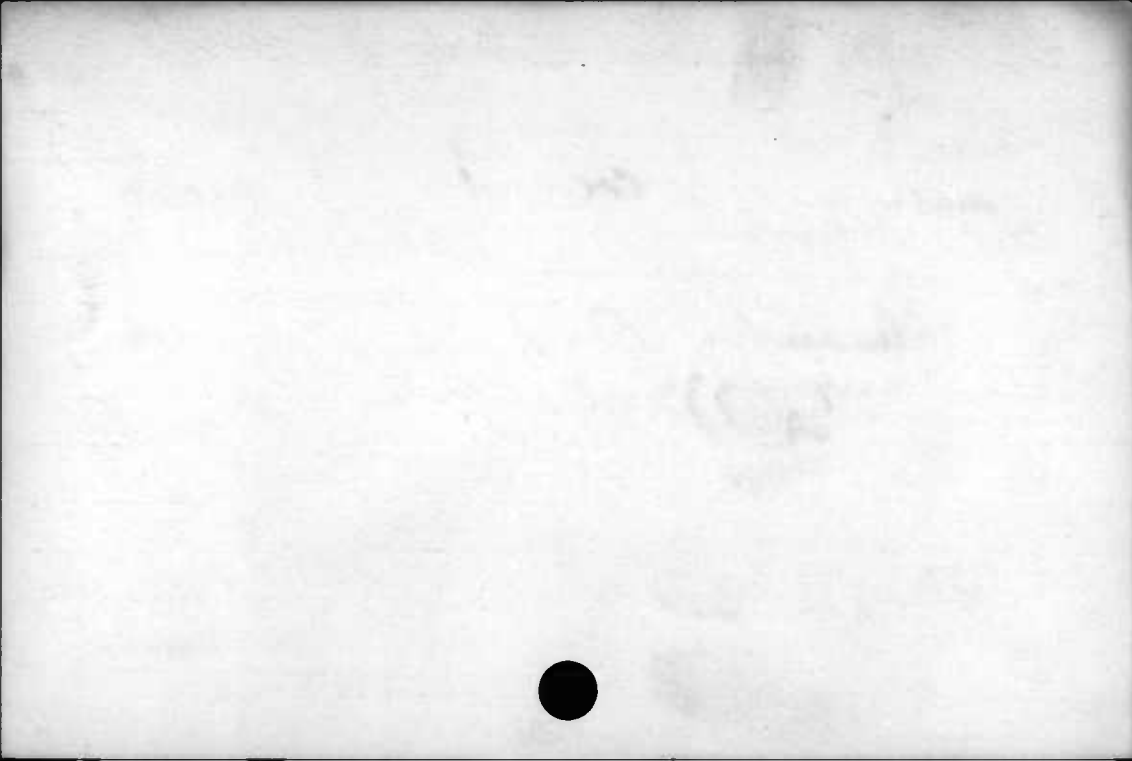
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chestertown</u> <sup>Town</sup>			<u>Kent</u> <sup>County</sup>			MARYLAND		
Date of death 190 <u>2</u> <sup>Month</sup> <u>Oct</u> <sup>Day</sup> <u>20</u>		Age <u>Infant</u> <sup>Years</sup> <u>still born</u> <sup>Months</sup> <u>—</u> <sup>Days</sup> <u>—</u>						
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Chestertown</u>				
Married, <u>Single</u> or Widowed				Occupation <u>—</u>				
Name of Wife or Husband <u>—</u>								
Father's Name <u>Jos R. Dankworth</u>				Father's Birthplace <u>Pa.</u>				
Mother's Maiden Name <u>Mary Cox</u>				Mother's Birthplace <u>Ohio</u>				
Name of person giving information <u>Jos R. Dankworth</u>				How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Premature labor 8 mo.</u>		How long <u>—</u>	
Immediate <u>Breech presentation</u>		How long <u>—</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. Bruce Simmons</u>	
		Address <u>Chestertown</u>	
Accident or Suicide? <u>No</u>		<u>md</u>	





Name  
in  
Full

Leonard Raymond Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Still Pond</u> <sup>Town</sup>		<u>Hunt</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Oct</u>	Day <u>6</u>	Age <u>28</u>	Months <u>4</u>	Days <u>13</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Md</u>		
<del>Married, Single or Widowed</del> <u>Widower</u>			Occupation <u>Laborer</u>		
Name of Wife or <del>Husband</del> _____					
Father's Name <u>Alexandra Ford</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Mary Sizzie Jones</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>A J J Ford</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Meningitis,</u>	How long <u>6/13</u>
Immediate	How long <u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm S. Maxwell.</u>
	Address <u>Still Pond</u>
	<u>Md.</u>
Accident or Suicide?	

Still Pond

Name  
in  
Full

Rodger Garety

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Blue House</i>		Town <i>Blue House</i>		County <i>Kent</i>		MAYLAND	
Date of death 190 <i>2</i>		Month <i>Oct.</i>		Day <i>27</i>		Age <i>60</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place		Months	
Married, Single or Widowed		Occupation				Days	
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>William Ford</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Waning</i>	How long <i>68</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm Ford Keperof</i>
	Address <i>Almshouses</i>
	<i>Chattertown Ma</i>
Accident or Suicide?	



Name  
in  
Full

Mary Jara

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hebron Sta</i>		Town <i>Hebron</i>		County <i>Kent</i>		MARYLAND	
Date of death 1902	Month <i>Oct</i>	Day <i>8</i>	Age —	Years —	Months <i>11</i>	Days —	
Sex <i>female</i>	Color or Race <i>White</i>		Birth- place <i>Baltimore</i>				
Married, Single or Widowed —				Occupation —			
Name of Wife or Husband —							
Father's Name <i>Frank Jara.</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Katie Studonski</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving In formation <i>Frank Jara</i>				How related to deceased <i>father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bronchial Pneumonia. 92</i>	How long	<i>several days.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Wm. S. Maxwell,</i>
		Address	<i>Still Pond, Md.</i>
Accident or Suicide?			

Baltimore

Name  
in  
Full

Mary E. Murphy.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Coleman</u> Town		<u>Kent</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Oct</u>	Day <u>31</u>	Years <u>65</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>Black.</u>		Birth-place <u>md</u>		
Married, Single or Widowed <u>married</u>			Occupation <u>House wife</u>		
Name of <del>wife</del> or Husband <u>John Murphy</u>					
Father's Name <u>George Butler</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Sarah Riley</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>John Murphy</u>			How related to deceased <u>Husband</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Bright's disease,</u>	How long	<u>120</u>	<u>5 years.</u>
Immediate		How long		
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		<u>Wm. S. Maxwell,</u>		
Address		<u>Still Pond, Md.</u>		
Accident or Suicide?				

Coleman





Name  
in  
Full

Katie Piser

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Coleman</u> Town		<u>Kent</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Oct</u>	Day <u>19</u>	Age <u>58</u>	Years <u>7</u>	Months <u>—</u>
Sex <u>female</u>	Color <del>Color</del> Race <u>Black.</u>		Birth-place <u>Ind.</u>		
Married, Single or Widowed <u>Married</u>		Occupation <u>House wife</u>			
Name of <del>Wife</del> Husband <u>Alexandra Piser</u>		Father's Name <u>Daniel Banner.</u>			
Mother's Maiden Name <u>Emmaline Banner</u>		Father's Birthplace <u>Ind.</u>			
Name of person giving information <u>John Brooks</u>		Mother's Birthplace <u>Ind</u>			
		How related to deceased <u>Son in law</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Carcinoma</u>	<u>45</u>	How long <u>1 Year</u>
Immediate <u>Exhaustion</u>		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Jas. W. Urie</u>	
	Address <u>Stitt Ford</u>	
	<u>Ind</u>	
Accident or Suicide? <u>—</u>		

Coleman.

Name  
in  
Full

Margaret Pomeroy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Age	Years	Months	
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address



Name in Full		Isaac Roberts				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Coleman</i>		Town <i>Kent</i>		County		
		Date of death 1900		Month <i>Oct</i>	Day <i>31</i>	Years <i>67</i>	Months —	Days —
		Sex <i>Male</i>		Color or Race <i>Blk</i>		Birth- place <i>Ind</i>		
		Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>				
		Name of Wife or Husband <i>Margaret Anderson</i>						
		Father's Name <i>Isaac Roberts</i>				Father's Birthplace <i>Ind</i>		
		Mother's Maiden Name <i>Susan Roberts</i>				Mother's Birthplace <i>Ind</i>		
		Name of person giving in formation <i>Isaac Roberts</i>				How related to deceased <i>son</i>		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Pneumonia.</i>				How long <i>93</i>		
						How long <i>7 days.</i>		
		Immediate						
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>Wm. S. Maynell,</i>		
				Address <i>Still Pond, W. Va.</i>				
Accident or Suicide?								

Coleman

Name  
in  
Full

George Scott

CERTIFICATE OF DEATH

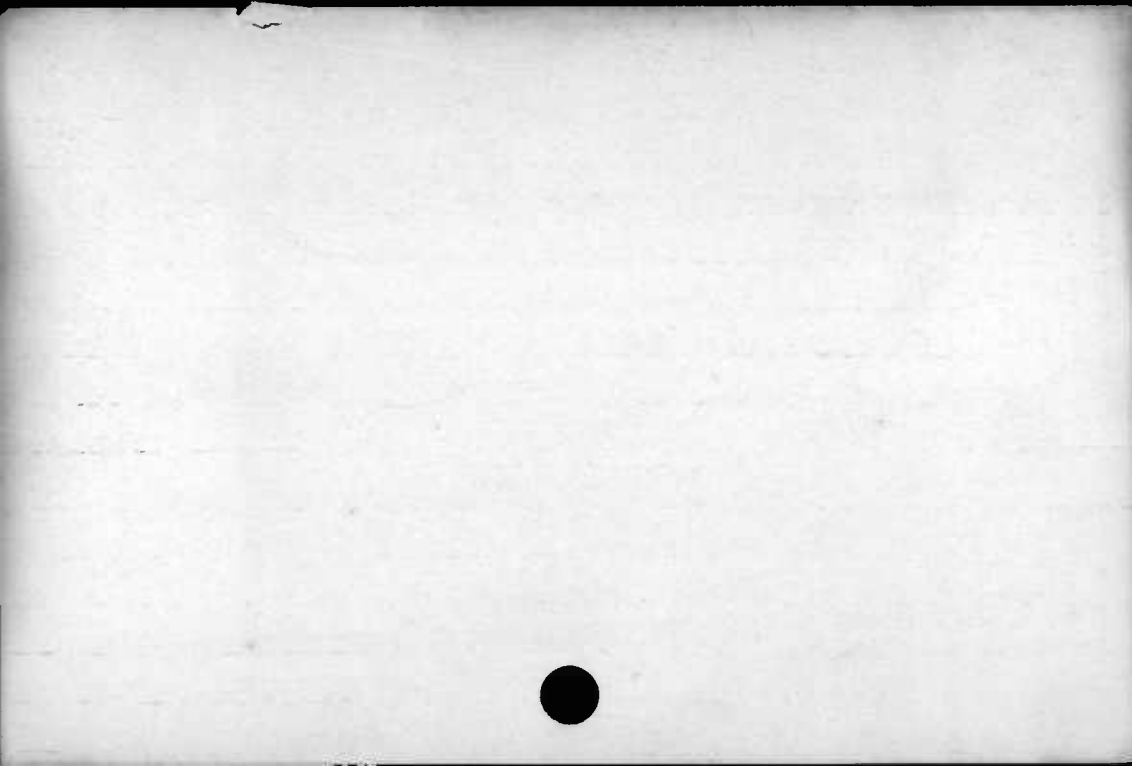
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Laureford.		County Kent.		MARYLAND	
Date of death 1902.		Month Oct.	Day 9.	Age 45.	Years		Months Days
Sex Male		Color or Race Black.		Birth- place Kent Co			
Married, Single or Widowed Single.		Occupation Farm hand.					
Name of Wife or Husband							
Father's Name Benji Scott				Father's Birthplace Kent Co			
Mother's Maiden Name Gaut Day				Mother's Birthplace			
Name of person giving Information Peg Graves				How related to deceased Mother's husband			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Emphysema lungs	How long	6 or 8 hrs
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician Lover Leland	
		Address Lauretown Ind.	
Accident or Suicide?			





Name in Full

Certificate of Death

Olin Thompson

Town

County

Evesville

Kent

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 31

Age

10

Md

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Perry Thompson

Menday Clarkson

Cause of

Primary

Not Known

How long sick

179

Death

Immediate

No Doctor in attendance

Accident, Suicide, Homicide

Reported by

Thos H Ceeley Undertaker

Address

Rock Hall

Kent Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ella Pink Wicks.

Town

Edenville

County

Kent

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Oct 29

Age 31

Maryland

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79898



Name  
in  
Full

Franklin Lewis Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Still Pond</i> <sup>Town</sup>		<i>Kent</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	<i>Oct</i> <sup>Month</sup>	<i>6</i> <sup>Day</sup>	Age <i>2</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>	<i>14</i> <sup>Days</sup>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Still Pond</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles Edgar Wilmer</i>			Father's Birthplace <i>Kent Co Md</i>		
Mother's Maiden Name <i>Annie M. Johnson</i>			Mother's Birthplace <i>Kent Co Md</i>		
Name of person giving information <i>Charles Edgar Wilmer</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>since birth</i>
Immediate <i>Exhaustion</i>	How long <i>105</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. J. Barwick M.D.</i>
<i>Yes</i>	Address <i>Kennedymille Md.</i>
<i>Accident or Suicide?</i>	

Fountain